



**BOROUGH OF  
ATLANTIC HIGHLANDS**

100 FIRST AVENUE  
ATLANTIC HIGHLANDS, NJ 07716  
732-291-1444 FAX 291-9725  
WWW.AHNJ.COM DAVE@AHNJ.COM

**LICENSE APPLICATION  
MASSAGE THERAPY ESTABLISHMENT**

(Ordinance 7-2002.)

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Establishment Name: \_\_\_\_\_  
Address, Phone &  
License Number: \_\_\_\_\_

Applicant must attach the following information and satisfactory evidence thereof:

1. A physical description and sketch of the property and facilities where business will be conducted, and evidence that the business and use is permitted at that location;
2. A listing of all ownership interests in the business, of 5% or more, by any person or entity, and, if there is any corporate involvement, a list of any officer or director thereof (owners);
3. All residences used by all owners in the last three years;
4. Significant details of all owners employment in the last three years; including but not limited to, business name, address, phone, supervisor, time period, position, conditions of employment and termination;
5. A statement as to whether or not the owners have ever been convicted of a crime in this or any other state and any details thereof;
6. Active professional membership in good standing with the Associated Bodywork & Massage Professionals, or American Massage Therapy Association.

I certify that the information submitted is complete and accurate, and that applicant and all owners are over 18 years of age. I hereby consent to background investigations on the above and understand that additional related items deemed appropriate by the Borough may also be included in the investigation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please Do Not Write Below this Line)

**MUNICIPAL ACTION**

Receipt Date \_\_\_\_\_ Fingerprint Date \_\_\_\_\_ Fees \_\_\_\_\_ (\$100 plus State fingerprint fees)

Code Enforcement Review \_\_\_\_\_ Police Department Review \_\_\_\_\_

Investigation Completed      Council Action Date \_\_\_\_\_       Approved       Denied

\_\_\_\_\_  
David G. Palamara, Municipal Clerk